

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): EEOC 437-2022-00039 FEPA	
Virginia Office of Civil Rights and EEOC _____ State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.) Anna Anderson		Home Phone (757) 646-7658	Year of Birth
Street Address 124 W. Government Ave. #B NORFOLK, VA 23503			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name CITY OF NORFOLK		No. Employees, Members Unknown Number Of Employees	Phone No. (757) 664-4481
Street Address 100 W CITY HALL AVE NORFOLK, VA 23510			
Name		No. Employees, Members	Phone No.
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON Religion		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 10/12/2021 11/21/2021	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY – When necessary for State and Local Agency Requirements
I declare under penalty of perjury that the above is true and correct. Digitally Signed By: Anna Anderson 03/24/2022 Charging Party Signature	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)

EXHIBIT
A

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<p>Virginia Office of Civil Rights and EEOC</p> <p><i>State or local Agency, if any</i></p>	

On October 1, 2021, I requested a religious accommodation to be able to have a weekly health screening by a healthcare provider. On 10/8/2021, the Employee Relations Analyst I, Jessica Austin, said that my faith was not in question. On 10/12/2021, I emailed Ms. Austin saying that I was having a hard time finding a healthcare provider that could administer weekly health screenings and asked if there were any other accommodations the city could offer me in respect to my religious exemption. There was no answer. Instead, I was placed on leave without pay that day, 10/12/2021. On 10/25/2021, Respondent stated that due to workplace safety concerns, it is expected that you provide a negative COVID 19 test on a weekly basis. On 11/18/21, I was discharged. The reason given for my discharge was due to not testing weekly for COVID 19. I believe I was denied a religious accommodation, discharged and regarded as being disabled, in violation of Title VII of the Civil Rights Act of 1964, as amended, and the Americans with Disabilities Act of 1990, as amended.

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<p>I declare under penalty of perjury that the above is true and correct.</p> <p>Digitally Signed By: Anna Anderson</p> <p>03/24/2022</p> <p align="right"><i>Charging Party Signature</i></p>	<p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p> <p>SIGNATURE OF COMPLAINANT</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE</p> <p align="center"><i>(month, day, year)</i></p>